

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. RS0204Y
First Inventor or Application Identifier Jason M. Johnson
Title SPLICE VARIANT ISOFORMS OF HUMAN PHKA2
Express Mail Label No. ER 268235472 US

00746 U.S. PTO
10/648139

08/26/03

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="49"/>]	a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input type="text" value="4"/>]	b. <input checked="" type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper
4. Oath or Declaration	c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).	
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
10. <input type="checkbox"/> Preliminary Amendment	
11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
13. <input type="checkbox"/> Other: _____	

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/_____
Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

15. CORRESPONDENCE ADDRESS

☒ Correspondence address below

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Name	R. Douglas Bradley	Registration No. (Attorney/Agent)	44,553
Signature		Date	8/26/2003

EXPRESS MAIL CERTIFICATE

DATE OF DEPOSIT August 26, 2003

EXPRESS MAIL NO. ER 268235472 US

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

MAILED BY  DATE August 26, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop – Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Deposit Acct. 502287
 Rosetta Inpharmatics LLC
 Our Case Docket No. RS0204Y

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):
 Jason M. Johnson, Philip W. Garrett-Engle, Christopher D. Armour, and John C. Castle

For: SPLICE VARIANT ISOFORMS OF HUMAN PHKA2

For	Number Filed	Number Extra	Rate	Basic Fee \$750
Total Claims	17 - 20 =	0 X	\$18	= \$0
Independent Claims	5 - 3 =	2 X	\$84	= \$168
Multiple Dependent Claims*			\$280	= \$0
*Add this fee if application contains any multiple dependent claims, regardless of number.		TOTAL FILING FEE		\$918

Please accept our check in the amount of \$918.00. The Assistant Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 502287. Duplicate copy of this sheet is enclosed.

☐ Under provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

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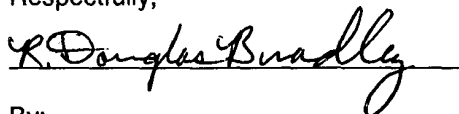
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MAILED BY 

DATE August 26, 2003

Respectfully,



By:
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Date: August 26, 2003